3115/60

ORIG

**FORM D** 

SEC 1972 (6-02)



UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

# FORM D

# NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

OMB APPROVA	vl.
OMB Number: 3	235-0075
Expires:	
Estimated average by	urden
hours per response .	16.00

SEC USE OCC.

tame of Offering ( ) check if this is an amendment and name has changed, and indicate change )	
iling Under (Check hoxics) that apply) [ FRide Sort   X Rule 505   Rule 506   Section 4(6)   ULOE (spe of Filing   X New Filing   ] Amendment	OTTO CONTROL
A. BASIC IDENTIFICATION DATA	——————————————————————————————————————
Enter the information requested about the assuer	
Same of Issuer   Echeck if this is an amendment and hard has changed, and indicate change.)  In he may TV Corporation	35 6
	e Number Highliding $33/3$
	ne Number Cheludat, 1999 de
Brief Description of Business	eaucessed -
BLANK CHECK CO.	SEP 1 2 2006 E
ype of Business Organization  corporation  business trust  immed partner step, already formed  business trust  finited partner step, to be formed  other (please specify)	THOMSON FINANCIAL
Actual or Estimated Date of Incorporation or Organization	
Federal:  Plus Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6) (7d(6)).	), 12 CER 286 501 grs. por 1 - 11 S i
Then To File: A notice must be filed no later than 15 days ofter the first sale of securities in the offering. A notice is and Exchange Commission (8) (1) on the earlier of the date it is received by the SEC at the address given below or, if received hit is due, on the date it was mailed by United States registered or certified mail to that address.	deemed filed with the F.S. section; served at that address after the dute of
There To File: U.S. Securities and Evelange Commission, 150 Fifth Street, N.W., Washington, D.C. 20549.	
<i>'opies Required:</i> Five (5) copies of this notice must be tited with the SEC, one of which must be manually signed. An hotocopies of the manually signed copy or bear typed or printed signatures.	y copies not manually signed rouse b
information Required: A new tiding must contain all information requested. Amendments need only report the name $\alpha$ hereto, the information requested in Part C, and any material banges from the information previously supplied in Parts A to be filed with the SFC.	follows are inductional on the eagure of the eagure of the following the eagure of the
filing Foe: There is no tederal filing fee	Ì
State:  This notice shall be used to indicate reliance on the Unitoria United Offering Exemption (ULOE) for sales of securities Advice to be, or have adopted this form. Issuers relying on UOE must file a separate notice with the Securities Advice to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemptice company this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendance and must be completed.	ministrator in each state where sale on, a fee in the proper program sha
ATTENTION —	man energy control of the control of
Failure to file notice in the appropriate states will not result in a loss of the federal exemption. (appropriate federal notice will not result in a loss of an available state exemption unless such exemption of a federal notice.	Conversely failure to the the

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

# A. BASIC IDENTIFICATION DATA Enter the information requested for the following. Each promoter of the issuer, if the issuer has been organized within the past five years; Each heneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer. Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. Beneficial Owner Executive Officer [ ] Promoter Director Check Box(es) that Apply: General and/or Managing Partner Full Name (Last name first of individual) Business or Residence Address (Number and Street, City, State, Zip Code) ☐ Beneficial Owner ☐ Executive Officer Check Box(es) that Apply [ ] Promoter Director General and/or Managing Partner Full Name (Last name first, it individual) Business or Residence Address (Number and Street, City, State, Zip Code) Beneficial Owner Executive Officer Promoter Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Beneficial Owner Executive Officer Check Box(es) that Apply General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Promoter Beneficial Owner Executive Officer Director General and/or Check Box(es) that Apply Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first if individual) Business or Residence Address (Number and Street, Uity, State, Zip Code) Check Box(es) that Apply Promoter Beneficial Owner Executive Officer General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) (Use blank sheet, or copy and use additional copies of this sheet, as necessary)

					B. INI	FORMATIO	N ABOUT	OFFERIN	G				
١.	Has the i	ssuer sold.	or does the	issuer inte	and to sell.	, to non-acc	redited in	estors in t	his offerin	ıg?		Yes	No
Answer also in Appendix, Column 2, if filing under ULOE.										_			
2. What is the minimum investment that will be accepted from any individual?									s 10	00			
,	D h .	o o ee onio o o	ermit joi <b>nt</b>	anna sashia	ara daab	ie9						Yes	No
3. 4.			on requeste									×	
	commiss If a perso or states a broker	sion or simi on to be list , list the na or dealer,	far remunera ed is an asso me of the br you may se	ation for so ociated per oker or dea t forth the	licitation o son or ager der. If mor	of purchaser at of a broke re than five	s in connec r or dealer (5) persons	tion with s registered to be liste	ales of sec with the SI d are assoc	urities in th EC and/or y	e offering. with a state		
Ful	l Name (I	.ast name l	first, if indiv	vidual)									
Вu	siness or	Residence	Address (N)				p Code)						
Na	me of Ass	sociated Br	oker or Dea		ang magni sa ga sa satisag agam aana aga								
Sta	ites in Wh	ich Person	Listed Has	Solicited	or Intends	to Solicit F	urchasers	<del></del>		<del></del>	<del>~</del>		
	(Check	"All States	" or check	individual	States)					•••••		□ AI	States
	AL	$\Lambda \hat{K}$		[ĀR]	CA	CO	CT	[DE]	DC	FL	GA	H	ID
		IN		KS	KY	I.A	ME	MD	MA	MI	MN	MS	MO
	MT	NE		NH	NI	NM	NY	NC	ND	OH	OK	OR	PA
	RI	SC	SD	TN	TX	UT	VT	VA	WA	WV	WI	WY	PR
Fu	ill Name (	Last name	first, if ind	ividual)				•		<del>,</del>			
Bu	isiness of	r Residence	: Address (?	Number an	d Street, C	ity, State, 2	Zip Code)	<del></del>				····	
N	ame of As	sociated B	roker or De	aler	<u> </u>			<del></del>	·	<del></del>			
St	ates in W	hich Person	n Listed Ha	s Solicited	or Intends	to Solicit	Purchasers		<del></del>	<del></del>			
	(Check	"All State	s" or check	individual	States)	,.,,		•••••		• • • • • • • • • • • • • • • • • • • •		☐ AI	l States
	(177)	ranel.	[77]	(40)	CA	(CO)	CT	DE	DC	FL	[ <del>2</del> 24]	m	[75]
				AR KS	KY	LA	ME	MD	MA	MI	GA MN	MS	MO
	MT	NE	NV	NH)	N	NM	NY	NC	ND	ОН	OK)	OR	PA
	RI	SC	SD	TN	TX	UT	VT	VA	WA	WV	WI	WY	PR
F	ull Name	(Last name	first, if ind	lividual)					<del></del>	<del></del>		<del></del> -	
B	usiness o	or Residenc	e Address (	Number at	id Street, C	ity, State,	Zip Code)						
_													
N	ame of A:	ssociated P	troker or De	caler									
S	tates in W	hich Perso	n Listed Ha	is Solicited	or Intend	s to Solicit	Purchasers						
	(Checl	k "All State	es" or check	c individua	States)	• • • • • • • • • • • • • • • • • • • •		••••••	••-		• • • • • • • • • • • • • • • • • • • •	□ A	II States
	Al.	AK		AR	CA	CO	CT	DE	DC	FL	GA	HI	(ID)
	1.	[IN]		KS	KY	I.A	ME	MD	MA	MI	MN	MS	MO
	MT	NE	NV	NII	NJ	NM	NY	NC	ND	OH WV	OK	OR	PA

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

## C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

	already exchanged.  Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt	•	\$11800
	Equity	20,000	\$11,000
	Common Preferred		
	Convertible Securities (including warrants)		S
	Partnership Interests		s
	Other (Specify)		\$
	Total	s_0.00	\$ 0.00
	Answer also in Appendix, Column 3, if filing under ULOE,		
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		Aggregate
		Number Investors	Dollar Amount of Purchases
	Accredited Investors	20	8 600
	Non-accredited Investors		<del></del>
	Total (for filings under Rule 504 only)		\$
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.		
	Type of Offering	Type of Security	Dollar Amount Sold
	Rule 505		\$
	Regulation A		s
	Rule 504		\$
	Total*		\$_0,00
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees		s
	Printing and Engraving Costs		s
	Legal Fees		\$
	Accounting Fees		s
	Engineering Fees		<b>\$</b>
	Sales Commissions (specify finders' fees separately)		<b>\$</b>
	Other Expenses (identify) Colorado Darson of Securities		5 75
	Total		§ 0.00

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF	PROCEEDS	
b. Enter the difference between the aggregate offering price given in response to Part C — Question and total expenses furnished in response to Part C — Question 4.a. This difference is the "adjusted gros proceeds to the issuer."	SS	s
Indicate below the amount of the adjusted gross proceed to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate an check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C—Question 4.b above.	ıd	
	Payments to Officers, Directors, & Affiliates	Payments to Others
Salaries and fees	🗀 \$	s
Purchase of real estate	_	
Purchase, rental or leasing and installation of machinery and equipment		
Construction or leasing of plant buildings and facilities	🗌 \$	s
Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger)	🗆 \$	- \( \s\
Repayment of indebtedness	🗆 \$	_
Working capital	🗆 S	052po
Other (specify): office rout	s1200	_ 🗆 \$
legal taccounting	- 🛮 \$	_s8,60
Column Totals	🔲 💲 0.00	\$ <u></u> \$
Total Payments Listed (column totals added)	<u> </u>	.00
D. FEDERAL SIGNATURE		
e issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this not nature constitutes an undertaking by the issuer to furnish to the U.S. Sequities and Exchange Committee information furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2).	mission, upon writt	ule 505, the follow en request of its st
me of Signer (Print or Type)  MES R WIEGAND PRESSIDENT	Date 8/28/2	ev 6
me of Signer (Print or Type)  MES B WIEGAND PRESIDENT	_ <del>'</del>	

- ATTENTION ---

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

	E. STATE SIGNATURE	
١.	Is any party described in 17 CFR 230,262 presently subject to any of the disqualification  Per provisions of such rule?	No
	See Appendix, Column 5, for state response.	
2.	The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed a notice D (17 CFR 239.500) at such times as required by state law.	e on Form
3.	The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnish issuer to offerees.	hed by the
4.	The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the around this exemption has the burden of establishing that these conditions have been satisfied.	
	suer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the unauthorized person.	ndersigne
	(Print or Type) SERMAX CORPURATION Signature 3. Class Date 8/18/2006	•
	(Print or Type) Tyle (Print or Type)	

### Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

### **APPENDIX** 3 4 5 l 2 Disqualification Type of security under State ULOE and aggregate (if yes, attach Intend to self Type of investor and to non-accredited offering price explanation of offered in state amount purchased in State investors in State waiver granted) (Part C-Item 1) (Part C-Item 2) (Part B-Item 1) (Part E-Item 1) Number of Number of Non-Accredited Accredited Yes No Investors Amount **Investors** Amount Yes No State AL AKΑZ AR 4400 800 X Z × CA X 7,600 7000 co19 ۷ CTDE DC 1400 608 M ST/L 1200 ١ FL × GA н ID 400 COMSTIX IL بعر X 0 l 0 IN ĺÅ KS ΚY LA ME MDMAMI MN MS

### **APPENDIX** 2 3 4 5 ١ Disqualification Type of security under State ULOE Intend to sell and aggregate (if yes, attach offering price Type of investor and explanation of to non-accredited amount purchased in State waiver granted) offered in state investors in State (Part C-Item 2) (Part B-Item 1) (Part C-Item 1) (Part E-Item 1) Number of Number of Accredited Non-Accredited No Investors Amount Investors Yes No State Yes Amount МО MTNE NVNH NJ NM NY NC ND OH OK OR PA RI SC SD TN TXUT VT VACm. SIK You 400 0 WA 0 Х WVWI

				APPE	ENDIX					
1	Intend to self to non-accredited investors in State (Part B-Item 1)		Type of security and aggregate offering price offered in state (Part C-Item 1)	Type of investor and amount purchased in State (Part C-Item 2)					5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)	
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No	
WY										
PR	i en en en									